

FILED APR 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10082

Do not use this space.

1. PLACE OF DEATH

(a) County Barton Registration District No. 40
 (b) Township Lamar Primary Registration District No. 40 24 Registered No. 19
 (c) City Lamar (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Edward J. Hines

(a) Residence, No. _____ St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Blanche Baum Hines
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 10-1874
 7. AGE YEARS 65 MONTHS 7 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Building Supt.
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) Earlyle (STATE OR COUNTRY) Illinois

13. NAME Lawrence Hines
 14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 6

17. INFORMANT Mrs. E. J. Hines (ADDRESS) Lamar, Mo. RFD #1

18. BURIAL, CREMATION, OR REMOVAL Memorial Park, I.C. Mo. DATE March 30, 1940

19. FUNERAL DIRECTOR (NAME) Konantz Funeral Home (ADDRESS) Lamar, Mo.

20. FILED md. 28 1940 Mrs. Josephine Murphy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 28, 1940

22. I HEREBY CERTIFY, That I attended deceased from Mar 5 1940, to Mar. 28 1940

I last saw him alive on March 27 1940. Death is said

to have occurred on the date stated above, at 5:00 a.m.

The principal cause of death and related causes of importance were as follows:

Cardiac Decompensation Date of onset Mar. 14
arterial hypertension Mar. 5-

Other contributory causes of importance: Bright's Disease Mar. 5

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) Sam T. Bickel, M. D.
 (Address) Lamar, Mo.

RECEIVED

Health Officer No. 6,
File Number 440-989
Date Filed APR 8 1940

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. Reser

Licensed Embalmer No. 4098

P. O. Address Lamar, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10082

Registration District No. 40

Primary Registration District No. 4024

Registrar's No. 19

1. PLACE OF DEATH

(a) County Denton
(b) City or town Lamar
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether
In this community _____
years, months or days)

3. (a) PRINCE Edward G. Hines
FULL NAME

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex 65 5. Color or race 7 6. (a) Single, widowed, married, divorced 18

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years 65 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

20. DATE OF DEATH Month Mar day 28 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Decompensation
Due to arterial Hypertension

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)

Major findings Bright's Disease
Of operations Chronic Nephritis

Of autopsy _____
Physician V.T. Bickel, M.D.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature John T. Bickel (M. D. or other) _____
Address Lamar Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENT

S-10082 1940